

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4699

Registration District No. 350

Primary Registration District No. 4296

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Browning
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community Lifeline (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edith Lee Adams

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Herman Lee Adams 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 22 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 2
If less than one day hr. min.

9. Birthplace Browning Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Price McAnown

13. Birthplace Browning, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Davis

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Herman L. Adams

(b) Address Browning, Mo.

17. (a) Burial (b) Date thereof Jan 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Browning

18. (a) Signature of funeral director Schoenig
(b) Address Milan Mo. Frank

19. (a) Jan 26 1944 (b) Mrs. C. C. Wolf
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Browning 105
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1937 to Jan 24 1944
that I last saw her alive on Jan 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration ()

Due to _____

Due to _____

Other conditions Carcinoma
(Including pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. McArthur (M. D. or other) _____

Address Browning Mo Date signed _____

1305 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Frank D. Schwen

Licensed Embalmer No.

2916

P. O. Address

Milwaukee, Wis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.